

Application And Permit To Install Logo Signs Along Interstate and Other Fully Controlled Access Highways

Idaho Transportation Department



Application fees of \$50.00 for motorist information panels and/or \$25.00 for ramp supplemental panels are required at the time of application to defray administrative costs associated with processing this application. Additional fees may be required in accordance with the current fees as listed in the Department policy for Logo Signs. All fees are non-refundable.

For Department Use Only

Permit Number (from HQ Traffic)		Date Application Received		Amount Received		Receipt/Check Number	
<input type="checkbox"/> New Permit (Includes new ownership or change in business type) <input type="checkbox"/> Waiting List							
<input type="checkbox"/> Change(s) to Existing Permit: <input type="checkbox"/> New Facility Name/Brand <input type="checkbox"/> Sign Number or Location <input type="checkbox"/> New Logo or Design							
Business Type <input type="checkbox"/> Gas <input type="checkbox"/> Gas Court <input type="checkbox"/> Food <input type="checkbox"/> Food Court <input type="checkbox"/> Lodging <input type="checkbox"/> Camping <input type="checkbox"/> Attraction							
Route Number	Segment Code	Interchange Name		Location in Relation to Interchange (i.e. ½ mile East on XYZ Rd.)			
Former Name	Former Brand	Former IC Number	Former Location(s) and Direction(s)			Former Application Number	

New Logo Sign Information (Attach color layout of proposed logo sign)

Sign Location	Eastbound	IC Number	Westbound	IC Number	Northbound	IC Number	Southbound	IC Number
Main Line Business Panel (By Direction)	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Supplemental Ramp Panel (By Direction)	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Trailblazers Required <input type="checkbox"/> Yes <input type="checkbox"/> No	Number	Trailblazers Installed By			Trailblazers Maintained By			
Trailblazer Location(s) by Route/MP to Nearest ¼ Mile (Attach authorization letter from local jurisdiction for installation and maintenance)								

Completed By Applicant – Please Print Legibly or Type

Facility Name			Brand Name (Gas)		
Facility Address		City		State	Zip
Contact Name at Facility				Phone Number (with area code)	
Owner/Authorized Operator Name (Must Be Applicant)			Phone Number (with area code)		Fax Number (with area code)
Address		City		State	Zip
Billing Name (If Different Than Applicant)				Phone Number (with area code)	
Address		City		State	Zip
Logo Sign Message (Attach Color Design Layout)					

Primary Business Operating Schedule (Hours of Operation Per Day)

<u>Indicate A.M. or P.M.</u>	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Opening Time							
Closing Time							
<u>Seasonal Closure:</u>	From:			To:			

Food	Meals Served Per Day <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner / Supper	Seating Capacity
Food Court	List Other Facility(s) Names, Seating Capacity, and Meals Served by Each (Attach additional pages if necessary) _____	
Gas Court	Common Service Island <input type="checkbox"/> Yes <input type="checkbox"/> No Common Storage Facility <input type="checkbox"/> Yes <input type="checkbox"/> No Membership Required <input type="checkbox"/> Yes <input type="checkbox"/> No	

Secondary Business Operating Schedule (If Gas Court or Food Court)

<u>Indicate A.M. or P.M.</u>	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Opening Time							
Closing Time							

I, the undersigned, having read the logo policy, hereby agree that upon approval of this application, I will comply with all logo policy requirements. I also agree to conform to all applicable laws concerning the provision of public accommodations without regard to race, religion, color, age, sex, national origin, lifestyle, handicap access or membership and laws concerning the licensing and approval of service facilities.

Owner/Authorized Operator's Signature	Title	Date
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District Recommendation (Complete ITD 0762 prior to completing sections below)

<input type="checkbox"/> Approve <input type="checkbox"/> Fully Qualified <input type="checkbox"/> Conditionally Qualified (List Reason) <input type="checkbox"/> Waiting List Reason: _____		
<input type="checkbox"/> Deny (List Reason) Reason: _____		
Signature	Title	Date

Headquarters

<input type="checkbox"/> Approve <input type="checkbox"/> Conditionally Approve (List Reason) <input type="checkbox"/> Deny (List Reason) Reason: _____		
Signature	Title	Date

Distribution (after review is completed):

Completed Original – Permittee

Copies To – HQ Traffic, DTE, District Logo Coordinator